Potential persons who are to respond to the collection of information contained in this form

are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-99)

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FUKINI D		UNITED ST	ATES		OIVIB API	PROVAL
	SECURITIES A		NGE COMMISS	SION	OMB Number:	3235-0076
T.O.	\\ \\ \	ashington, D.	C. 20549		Expires:	May 31, 2002
AUG 1 6 20	o2	FORM	D		Estimated average hours per response	
16.70	NOTICE (OF SALE O	F SECURITIES	}	SEC US	E ONLY
# AUG #	1086 PURSUA	NT TO RE	GULATION D,		Prefix	Serial
	SEC	CTION 4(6),	AND/OR			
	UNIFORM LIM	(ITED OFF)	ERING EXEMP	TION	DATE RE	CEIVED
Name of Offering (□check if this is an FrontPoint Fixed Income Opportu		changed, and	indicate change.)			
Filing Under (Check box(es) that apply)): □Rule 504 □	⊐Rule 505	⊠Rule 506	☐ Section 4(6)	☐ ULOE	
Type of Filing: □New Filing	⊠Amendment					
	A. BASI	IC IDENTIFI	CATION DATA			
1. Enter the information requested abou	t the issuer					
Name of Issuer (□check if this is an a	amendment and name has	changed, and	indicate change.)	1881 1181 1	# !!!!!	1911 1110 11
Address of Executive Offices	(Numl	per and Street,	City, State, Zip Cod	e) Telephone Number	er (Including Area	Code)
Address of Principal Business Operation (if different from Executive Offices)	ns (Numb	per and Street,	City, State, Zip Cod	e) Telephone Number	er (Including Area	a Code)
Brief Description of Business						
T. CD.			<u> </u>			05005
Type of Business Organization □ corporation	☐ limited partr	nershin alread	v formed □	other (please specify)	. PRC	CESSE
□business trust	☐ limited partr			other (prease specify)	,. K	
Doublies Hust	- Innited parts		Month	Year	· AUI	3 2 2 2002
Actual or Estimated Date of Incorporation	on or Organization:		Wolth	☐ ☐ Act	nual 🗆 E lit h	HOMSON NANCIAL
Jurisdiction of Incorporation or Organiz	,			r State:	Fi	14544011 100
	CN for Canada; F	N for other for	eign jurisdiction)			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

4

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if i	ndividual)			<u></u>	
Business or Residence Address	(Number and S	treet, City, State, Zip Code)		<u> </u>	
Check Box(es) that Apply:	Promoter	□Beneficial Owner	☐Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	ndividual)		***		
Business or Residence Address	(Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	□Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and St	rreet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	idividual)				***************************************
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
				·	

	S. 328			В.	INFORMA	TION ABO	UT OFFER	ING				
							-				Yes	No
1. H	las the issuer	sold, or doe	s the issuer i					_			🗆	
								nder ULOE.			_	
2. V	Vhat is the mi	inimum inve	stment that v	will be accep	ted from any	y individual?	'					
3.	Ooes the offer	ing permit jo	oint ownersh	ip of a single	e unit?						Yes □	No □
4. E	inter the infor	mation requ	ested for eac	h person wh	o has been o	or will be pai	id or given, o	directly or in	directly, any	commission	or	
s a o	imilar remund n associated p r dealer. If m nformation fo	eration for so person or age nore than five	olicitation of ent of a broke re (5) persor	purchasers in or dealer reals to be liste	n connection egistered wit ed are assoc	n with sales on the sales of th	of securities nd/or with a s s of such a	in the offering state or states broker or de	ng. If a persons, list the name aler, you m	on to be listed ne of the bro ay set forth	d is ker the	
Full Na	ıme (Last nan	ne first, if in	dividual)				_					
Dusins	na on Dagidan	a Address	Olymphana	nd Street, Ci	to Chata 7:	Codo						
Dusine	ss or Residen	ce Address	(Number a	nu Street, Ci	iy, State, Zij	(Code)						
Name o	of Associated	Broker or D	ealer									
							·					
	n Which Pers											
(Che	ck "All States	" or check in	ndividual Sta	ates)							🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
₱₩Na	me (Last ¹ nam	ne fi tsi, if inc	dividualy	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Busines	ss or Residence	ce Address	(Number a	nd Street, Ci	ty, State, Zip	Code)						
Name o	f Associated	Broker or D	ealer									
	n Which Pers										🗖 .	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[AK] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Full Na	me (Last nam	e first, if ind	lividaal)	[1X]	[01]	[VI]	[VA]	[WA]	[wv]	[WI]	[WY]	[PK]
			07. 1	10. 0.		<u> </u>						
Busines	s or Residenc	e Address	(Number ar	nd Street, Cit	ty, State, Zip	Code)						
Name o	f Associated	Broker or De	ealer									
States in	Which Perse	on Listed Ha	as Solicited o	or Intends to	Solicit Purc	hasers						
(Chec	k "All States	" or check in	ndividual Sta	ites)							🗆 /	All States
ΓΛΤΙ	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[vaz]			[CA] [KY]	[CO] [LA]	[ME]	[<i>D</i> L]	[MA]	[MI]	[MN]	[MS]	[MO]
[AL] [IL]	ΓINΊ	IAI	I NO I									
[AL] [IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" is answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold Debt\$ ____ Equity \$ ____ \$ ____ ☐ Preferred ☐ Common Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount Aggregate of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Dollar Amount Number Investors of Purchases Accredited Investors 11 \$ 238.535.000 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Dollar Amount Type of offering Type of Security Sold __ \$___ Furnish a statement of all expenses in connection with the issuance and distribution of the 4. securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Total □ \$_____

Engineering Fees

Sales Commissions (specify finders' fees separately)

\$ _____

Other Expenses (identify) _

	C, OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSI	es ani) USE OF PROCE	EDS	<u>t jagot 1</u> 189 <u>.</u>
	b. Enter the difference between the aggreg. Question 1 and total expenses furnished in resp the "adjusted gross proceeds to the issuer."		nce is		\$	238,402,000
5.	Indicate below the amount of the adjusted grused for each of the purposes shown. If the a estimate and check the box to the left of the estitute adjusted gross proceeds to the issuer set for	amount for any purpose is not known, furni imate. The total of the payments listed must	sh an equal	Postoria		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees		□ _{\$}	 	_ 🗆 s _	
	Purchase of real estate		□ \$		_ 🗆 s _	
	Purchase, rental or leasing and installation	of machinery and equipment	□ \$			
	Construction or leasing of plant buildings	and facilities	□ \$			
	offering that may be used in exchange fo	g the value of securities involved in this r the assets or securities of another issuer				1.19
	Repayment of indebtedness		□ s			
					_	
	•	ked income instruments and currencies.				
			□s		□ s	
					-	
		d)	. ,		-	
		D. FEDERAL SIGNATURE				
con	e issuer has duly caused this notice to be signed by istitutes an undertaking by the issuer to furnish to the the issuer to any non-accredited investor pursuan	the undersigned duly authorized person. It is U.S. Securities and Exchange Commission	f this no n, upon	tice is filed under Ru written request of its	ile 505, the staff, the in	following signature formation furnished
	ner (Print or Type)	Signature		Date		
ro P	ontPoint Fixed Income Opportunities Fund,	1 Pallat		August	14,200	2
	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Pai	ul Ghaffari	President of FrontPoint Fixed Income	Opport	tunities Fund GP,	LLC, Gene	eral Partner of the

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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)